Proposed Alignment for Project ECHO and Health Homes in Washington State

Overview of Proposed Project: As part of a CMS Innovation Center *Health Care Innovation Challenge* award, the partners intend to implement a new model of care for high-need, high-cost Medicaid beneficiaries enrolled in *Healthy Options*. Developed through extensive research on best practices in complex care across the country, the proposed model is rooted in the establishment of ten community-based "Centers of Excellence" for delivering primary care and care management services to high-need, high-cost Medicaid beneficiaries, as described further below:

- Each Center of Excellence will be staffed by a newly created "**outpatient intensivist team" (OIT)**, to include: a nurse practitioner, a behavioral health counselor, licensed social worker, and two community health workers.
- OITs will provide **all primary care services and care management/care coordination services** for a panel of approximately 200-250 high-risk beneficiaries. They will exclusively serve these clients, will coordinate with other clinicians on the clients' behalf, and will be highly mobile – meeting clients where they are and addressing their full array of medical, behavioral and social service names.
- The OITs will have **access to multi-specialty consultation and ongoing training** through Project ECHO at the University of Washington, through regularly scheduled weekly videoconferences. A full range of specialists will be available to the team through these clinics and on an on-call basis. The weekly ECHO meetings will also function as a rapid learning network for the OITs, enabling real-time sharing of best practices and effective care management strategies for highly complex clients.
- The OITs, as well as the consulting specialists at UW, will be **funded as a shared resource** by all participating *Healthy Options* plans *(listed below)* on a pro rata basis, based on the proportion of their members served by the OIT.[1] The OITs will not do any fee-for-service billing.
- The target population for this model will include the subset of clients with PRISM risk-scores above 1.5 who are further identified as being at **high risk for future hospitalizations**. The goal is to target this intensive model to a group with highly impactable health care costs.

Project Partners: Core partners include Project ECHO at the University of Washington, Community Health Plan of Washington, Molina Healthcare, United Healthcare Community Plan, Coordinated Care (Centene) *(invited)*, and Amerigroup *(invited).* These partners will be reaching out to high-volume primary care providers to engage them in the development of the Centers of Excellence. Additional support will be provided by Project ECHO at the University of New Mexico, New York University (evaluation), and the Center for Health Care Strategies (technical assistance).

Request for Support from HCA: All project partners are enthusiastic about this opportunity to test a new model of care for clients with complex, previously unmet needs. The partners see clear synergies with a number of HCA's major strategic initiatives, including the expansion of *Healthy Options* and the implementation of health homes for high risk clients. Accordingly, the partners ask that HCA consider the following requests:

1. To partner in the development of the OIT model to **help assure that it meets the standards for qualification as health homes**. Given the overlap in the patient population targeted for this project and statewide health home enrollment, this collaboration will ensure alignment for all parties – most importantly, for clients. The project partners are willing to modify the model as needed for this purpose.
2. To acknowledge that OITs represent an intensive model, including provision of direct primary care services in addition to health home services. Accordingly, the participating

[1] Notably, the grant funds available from the Innovation Center cannot be used to support direct patient care.

plans would be developing **alternative approaches to health homes for clients not meeting the OIT level of need**, and would like assurance that this would be allowable.

3. To **support collaboration between RDA and the project partners** to effectively identify the target population that would most benefit from the OIT model, and ideally, to provide access to PRISM for the OITs and the Project ECHO hub at UW. (Initial conversations indicate RDA's willingness to collaborate, subject to HCA support).
4. To work with the partners on a **payment model for the OITs that would assure inclusion as claims experience** in future rate-setting activities as appropriate and in accordance with CMS rules. This up-front planning with HCA and clear authority from CMS would be necessary for the partners to make the financial commitments necessary for implementation of this model.

We appreciate the opportunity to discuss these issues and, hopefully, to move forward as partners on this exciting initiative.

DRAFT